BOROUGH OF SLATINGTON
NEW TENANT RENTAL UNIT INSPECTION REQUEST

Rental Property Address: _____

Apartment Number: _____ (if applicable) Inspection #: _____

PROPERTY OWNER/LANDLORD : Name: _____

Phone No._____ Mailing Address: _____

Cell No. _____ _____

PROPERTY MANAGER: Name: _____

Phone No. _____ Mailing Address: _____

Cell No. _____ _____

Last Name: _____ First Name: _____

List all other occupants _ _____ _____
And ages

_____ _____

_____ _____

_____ _____

_____ _____

Telephone Number: _____

OFFICIAL USE ONLY:

PAID:	Amount Due: **$45.00** per form Cash: _____ Check Number: _____

- ✓ Inspection must be completed **prior** to new occupancy
- ✓ New tenants must obtain a **moving permit**